



Receipt # _____
Total Fee \$ _____
Date : _____

FLAG FOOTBALL REGISTRATION AND ROSTER FORM

Team Name: _____

Former Team Name _____

Team Manager _____

Address _____

City _____ Zip _____

Home Phone _____ Day/Work _____

Co-captain (in case team manager can't be reached):

Name _____

Home Phone _____ Day/Work phone _____

Has team played in a Scottsdale league before? _____ Yes _____ No

If so, season and division _____

Circle the league/skill level your team would like to play.

AA A B C

Final league and division assignments will be determined by the sports staff and will depend upon the number of teams and their skill levels. All teams will be scheduled as equitably as possible for game times. The sports staff will make final determinations regarding any league scheduling.

Scottsdale business team _____ Yes
(Roster must contain 75% verified employees)

Players should be in good physical condition to participate in this league. The City of Scottsdale does not carry insurance for league participants. Players participate at their own risk.

**CITY OF SCOTTSDALE
COMMUNITY MAINTENANCE AND RECREATION DIVISION
ADULT SPORTS**

Team Roster

***Individual league awards will be given to 12 players**

	NAME	COMPLETE HOME ADDRESS	DAY PHONE
		street city zip	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

THE CITY OF SCOTTSDALE CARRIES NO INSURANCE FOR PLAYERS PARTICIPATING IN THIS PROGRAM. **PLAYERS PARTICIPATE AT THEIR OWN RISK.**

IN ALMOST EVERY CASE, WE HAVE MORE TEAMS REGSITER FOR OUR LEAGUES THAN SPOTS AVAILABLE.

For the sports staff to fairly and effectively determine which teams will play, we have established a team limiting procedure. Complete roster registration information is the basis for this procedure. Please read the following and acknowledge that you understand:

1. We ask that you submit a **complete roster** with your registration during designated registration days and times. A **complete roster** must include the following:
 - a. Players first and last names.
 - b. Players **HOME** address, including street number, street name, **CITY**, and **ZIP CODE**.
 - c. Players **DAY** phone numbers.

INCOMPLETE ROSTER INFORMATION WILL ELIMINATE A TEAM PRIOR O SELECTION OF TEAMS.

2. A check or money order made payable to the City of Scottsdale for the EXACT cost of the league must also be submitted with your registration.

TEAM LIMITING POLICY

1. Teams with the greatest amount of Scottsdale residents listed on their roster will be selected for play in our leagues.
2. Second priority will be for returning teams.

FALSIFICATION OF INFORMATION

1. Rosters of all teams accepted for play will be checked
2. Random selections from various rosters will be verified
3. Teams that submit falsified information will be DROPPED IMMEDIATELY.
4. Teams that submit rosters with incomplete information will be dropped prior to selection of teams for play.

Individual responsible for team registration

Date

Team Name